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March 27, 2009

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United States Patent & Trademark Office

Re: Files to be Associated with Customer No. 77096

Gentlemen:

I have been advised by personnel in the Electronic Business Center to fill out a copy of from SB-81 for certain applications that I wish to transfer from Customer No. 7609 to Customer No. 77096. The form and other necessary documents are attached.

My contact information is set forth above if you need to contact me. Thank you for your prompt attention to this matter.

Very truly yours,

*Wayne D. Porter, Jr. / smb*

Wayne D. Porter, Jr.

Reg. No. 26,977

WDP/smb  
Encl.

**MAR 27 2009**

PTO/SB/81 (01-09)

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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/808211
	<b>Filing Date</b>	March 24, 2004
	<b>First Named Inventor</b>	Albert N. Santilli
	<b>Title</b>	Surgical Drape & Meth. of Use
	<b>Art Unit</b>	3772
	<b>Examiner Name</b>	N/A
	<b>Attorney Docket Number</b>	SPE-15433

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified application to:

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☐ Firm or Individual Name:

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Country

Telephone

State

Zip

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) Submitted herewith or filed on \_\_\_\_\_

<b>SIGNATURE of Applicant or Assignee of Record</b>	
Signature	<i>Albert N. Santilli</i>
Name	Albert N. Santilli
Date	3-19-09
Title and Company	216-587-4400

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Email


I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	23 Mar 09
Name	John D. Corbitt, Jr.	Telephone	661 439 1100
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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